

Town of Winchester

Board of Health
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Seasonal Flu Immunization Program

Flu Injection

Inactivated Influenza Vaccine Permission Form

Return this form only if you want your child to get a flu shot.

Return by Tuesday, September 15, 2009

Student's Name (Please Print)

Date of Birth

Age

School Name

Grade

Classroom / Home Room
Teacher (if applicable)

Middle School
Team Name
(if applicable)

Physician's Name

Physician's Address

Physician's Phone

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I give permission for my child to receive the influenza vaccine at school. I understand my child will receive the vaccine by intramuscular injection in the upper arm and that I cannot be in attendance. I have read the Vaccine Information Statement titled Inactivated Influenza Vaccine and my child does not have any of the health conditions listed under Section 5, **"Some people should talk with a doctor before getting influenza vaccine"**.

Signature of Parent/Guardian

Date

Address

Home Phone

Cell Phone

Please note that no injection will be given to a child who is upset or resistant. Parents/Guardians will be notified if a child does not receive the flu shot.

BOOSTER SHOT – For Children under 9Years Old

If your child is **under age 9** and has never had a flu vaccine before in their life
Or
If your child is **under age 9** and had a flu vaccine for the first time last year and did not receive a second dose (booster) he/she should get a booster shot this year.

Do you have a child under age 9 who needs a booster shot this year? Yes No
If so, do you want your child to get the booster shot in school? Yes No

I give permission to have my child get a booster shot in school, 1 month after the first dose. I will be notified in writing prior to the administration of dose #2. At that time, if I so desire, I can submit a *Withdrawal of Permission Form*.

_____ Parent/Guardian Signature _____ Date

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Return this form with payment in a sealed envelope, labeled with child’s name by Tuesday, September 15, 2009.

- Elementary – return to classroom teacher.
- Middle school students - return to home room teacher.
- High school students - return to main office.

Make check payable to the Town of Winchester for \$10.00.

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For Clinic/Office Use Only

Date: October 2009
Fluzone Vaccine 0.5cc IM administered.

Lot # _____ **Expiration Date:** _____

Site: _____ **Deltoid**

RN signature: _____

Manufacturer: Sanofi Pasteur Date on VIS: 08/11/09